

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-T	913	02/22/01
RESPONSE FORMALITY REVIEW	A M	5C 580	06-14-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 1/15/01
2	✓ 1/15/01
3	✓ 1/15/01
4	✓ 1/15/01
5	✓ 1/15/01
6	✓ 1/15/01
7	✓ 1/15/01
8	✓ 1/15/01
9	✓ 1/15/01
10	✓ 1/15/01
11	✓ 1/15/01
12	✓ 1/15/01
13	✓ 1/15/01
14	✓ 1/15/01
15	✓ 1/15/01
16	✓ 1/15/01
17	✓ 1/15/01
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28	✓ 1/15/01
29	✓ 1/15/01
30	✓ 1/15/01
31	✓ 1/15/01
32	✓ 1/15/01
33	✓ 1/15/01
34	✓ 1/15/01
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36	✓ 1/15/01
37	✓ 1/15/01
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41	✓ 1/15/01
42	✓ 1/15/01
43	✓ 1/15/01
44	✓ 1/15/01
45	✓ 1/15/01
46	✓ 1/15/01
47	✓ 1/15/01
48	✓ 1/15/01
49	✓ 1/15/01
50	✓ 1/15/01

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here